

CLAIMS ONLY Best Available Copy

Application Number

Filing Date

10/564822

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT.		AFTER SECOND AMENDMENT.	
	Indep.	Depend	Indep.	Depend	Indep.	Depend
1	/					
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50						
Total Indep.	2					
Total Depend.	4					
Total Claims	6					

May be used for additional claims or amendments

	Indep.	Depend	Indep.	Depend	Indep.	Depend
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Total Indep.						
Total Depend.						
Total Claims						